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Abstract

Perhaps instead of thinking in terms of either counselors or coordinators, we should think in terms of counselors and coordinators. In differentiating between counselors and coordinators or between two levels of counselors, functions and roles must be considered. Psychological counselors do not necessarily work with all clients, only those needing psychological counseling. The coordinator works with all clients. A basic choice needs to be made; does a counselor want power and prestige, or does he want to help. Counselors at this point must derive power from their coordinating activities, but this has no place in a helping relationship. Counselors then who wish power and prestige should become coordinators, thus reducing the need for psychological counselors as coordinators would handle clients who need only physical restoration services or placement. The counselors who are primarily interested in helping will then be able to devote more time to psychological counseling. Auxiliary personnel should be available to coordinators and counselors so both can function effectively on an equal basis. (KJ)

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Power, Prestige and the Rehabilitation Counselor*

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It has been said that I can start an argument without saying anything--or even opening my mouth. I can understand how what I say may be misperceived, misunderstood, or distorted by memory. It is a little harder to understand how what I have written is misquoted or misrepresented. Yet this happened only recently here in Ohio in the April 1968 OCCUR: A Monthly Happening of the Central Ohio Rehabilitation Association. Three comments were made on my paper "Rehabilitation Counseling: A Profession or a Trade?" I assume the commentators read the paper, but perhaps they did not. Ken Hamilton, though disagreeing with my proposal to differentiate between counseling and coordinating, at least understands my position. The same cannot be said of the other two commentators. It is hard to relate their comments to my paper; it is almost as if they had read something else. Perhaps their lack of familiarity with rehabilitation counseling, or their own strong feelings or attitudes led them to read something in the paper which is not there. Let me quote what they say, and see if you can imagine my saying anything like that.

"The article (by Patterson) suggests that a rehabilitation counselor be made into an impersonal psychological analyzer to be hooked up to a handicapped alient so that a button can be pushed and the analytical evaluation comes shooting out the slot."

Can you imagine one associated with client-centered counseling suggesting that? This commentator goes on to say that after most clerical work, travel, training supervision, and all placement, scheduling and public relations are eliminated, "All that is left can be done by a computer." Perhaps so for most of those who call themselves rehabilitation counselors, since they do no real counseling.

The other commentator seems to have gotten the idea that I am opposed to relieving counselors of clerical work, that I do not approve of counselor aides because they may become counselors without obtaining a Master's degree, and thus that I "apparently would prefer having counselors continue doing routine clerical work than risk any threat to their professional status." How curious! This commentator goes on to say, as if in disagreement with me, that "It is my feeling that all tasks that interfere with a counselor's ability to counsel should be simplified, eliminated, or delegated to persons who are not so highly trained." I could hardly have said it much better.

Many years ago I suggested that counselors should not do placement. Perhaps I did not make my reasons clear, but I was accused of saying, or implying, that placement was a low level function, beneath counselors, who should not be expected to perform it, or that placement was unimportant. My reasons were actually twofold: (1) that the kind of person who makes a good counselor is perhaps not the kind of person who makes a good placement specialist and (2) that placement is so important and specialized a function that it should be performed by a full-time specialist who can keep in touch

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with employers on a regular basis to cultivate job openings, rather than contacting an employer only when a specific client must be placed. This position has been accepted as evidenced by the formation of a Placement Division in NRA.

There also seems to be some misunderstanding about my position on the counselor-coordinator issue. My 1957 article entitled "Counselor or Coordinator" seemed to suggest that either a counselor or coordinator was needed but not both, and has been interpreted in this way by many who have not read the article, or have not reread it recently. Actually, I said that "perhaps instead of thinking in terms of either counselors or coordinators, we should be thinking in terms of counselors and coordinators." This was the position developed in my 1968 article on "Rehabilitation Counseling: A Profession or a Trade?" It has been said (in the summary of this article in OCCUR, referred to earlier) that I "would restrict the title counselor to persons with two years of graduate training in counseling." I did not say that. I have no desire to take the title of counselor from anyone who has it, whether it is rehabilitation counselor, school counselor, employment counselor, placement counselor, beauty counselor, travel counselor, loan counselor, or rug counselor. We have lost control of the title of counselor, and it is too late to try to restrict it. I realize that salaries have been increased on the basis of the use of the title counselor as a professional title. So no one would lose his title, or have his salary reduced, if he were not actually a professional counselor or engaged in professional counseling. (Parenthetically, it is necessary to prefix counseling with such an adjective as professional since we do have beauty counselors and loan counselors.) But we need to provide some recognition, in title and salary, beyond such designations as Counselor I, II... IX, X. I have suggested that this can be done by the position title of psychological counselor, as redundant as this might at first appear.

Now, then, we are in a position to differentiate between counselors and coordinators, or between two levels of counselors. On the one hand would be those functioning essentially as coordinators or case managers, whom I will call counselor-coordinators, and on the other there would be psychological counselors. Those who are now simply called counselors who can qualify as psychological counselors can be reclassified. Now note that, although I have said that we need a way to recognize special qualifications in counseling, and while it may appear logical that individuals with two years of graduate training should have higher starting salaries than those with no graduate training or one year of training, it does not follow that there is no overlap of salary levels between counselors and psychological counselors. In fact, with experience the top salary of a counselor might be as high as that of a psychological counselor.

I emphasize this to make it clear that I do not see the counselor-coordinator as a low level person. He is a very important person, perhaps more important in the total rehabilitation process than the psychological counselor. The counselor-coordinator works with all clients. But the psychological counselor, whom I have described as simply a professional specialist among other specialists, such as nurses, doctors, occupational therapists, physical therapists, psychologists, and social workers -- like those other professional specialists does not necessarily work with all clients. Not all

clients need psychological counseling, just as not all clients need the services of all the other specialists. Thus I do not disagree with Hamilton, who appears to think that I see the counselor-coordinator as a lower level person, when he says that "The person who integrates the rehabilitation process, who sets up the program with and for the client, who utilizes the relationships of diverse services to accomplish rehabilitation achievements performs the essence of the rehabilitation function." Perhaps he does, but he does not achieve rehabilitation alone--nor is he a psychological counselor. The counselor-coordinator is a very important person, and should be well versed in the total rehabilitation process, sensitive to the particular needs of individual clients--including the need for psychological counseling, and able to bring to bear all the services a client needs and to assist him in accepting and utilizing these services.

This leads to the title of my paper, the power and prestige of the rehabilitation counselor. In the May, 1967 NRCA Professional Bulletin there is an article entitled "Power, Practice, and Problems in Rehabilitation Counseling." The power of the counselor, as outlined in this paper by Al McCauley, resides in such things as "a wider scope for action," "more authority in the community," "more modalities for service available within his range of practice and spheres of action," "more rights and attributes for the use of a wider variety of tools," "more discretion and more freedom to apply services," "more control over community resources," and "a wider coordinating authority." This list of "mores" relates to coordinating or to the total rehabilitation process, so that it appears that McCauley's counselor would want to become the king pin in rehabilitation. He is a supercoordinator, the center of power and prestige in rehabilitation. His power and prestige inhere in his control of the total rehabilitation process. It almost appears that the primary concern of this kind of counselor is his power and prestige rather than the welfare of the client. Power and prestige do not arise from the counseling function, or the helping relationship.

At the 1968 Conference of Rehabilitation Counselor Educators and the State Council Committee on Training, Dr. Kenneth Hylbert of Pennsylvania State University stated that the rehabilitation counselor should not be a case finder, intake interviewer, history taker, case recorder, eligibility determiner, services authorizer, payment for services authorizer, invoice signer and submitter, client training supervisor, etc. What, then if anything, is there left for the counselor to do? Counseling, obviously.

Following Dr. Hylbert's comments Al McCauley rose to state that if counselors restricted themselves to counseling, they would have little prestige. The person performing the case managing and coordinating functions would be seen by the client and by the public as the important person in rehabilitation, and would thus have more prestige than the counselor. My response to this is, "What's wrong with that?"

Do counselors want power and prestige? Or do counselors want to help those clients who need their help without being in the public eye or regarded as heroes by the client and the public? What's wrong with the counselor having less power and prestige than the case manager or coordinator? The professional counselor is not, or should not be, concerned about power and

prestige, except his power to help his client and the prestige of being a competent professional.

Now we can see the source of the resistance of counselor-coordinators to giving up their case management and coordinating functions. They apparently derive a sense of power from these activities.

Following a little thought about this situation, I came up with a possible solution to the problem of counseling and coordination, the professional versus the administrative functions of counselors and coordinators. I must warn you in advance that I am not being facetious, but serious.

If rehabilitation counselors, or counselor-coordinators, are really interested in power and prestige, why then are they so insistent on the title of counselor? Case managing and coordination of services is a necessary and important function in rehabilitation. I am convinced that the day is coming when it will be recognized as being distinct from counseling and become a separate, prestigeful position. If rehabilitation is really interested in the delivery of services to clients in the most effective and human manner, the coordinator will become the key person, and provide the continuity in client contacts and services which is considered to be--and is--so important. The best counselor-coordinators are now doing this.

It would appear that now is the time to recognize this and prepare for an organization of coordinators, rather than actually ignoring this important person and function and talking about counseling. It seems that counselor-coordinators want to have their cake and eat it too--to have the power and prestige of the case manager-coordinator, and the professional status of the counselor. <u>They can't have both</u>.

The suggested solution is simple. If it is true that the great mass of rehabilitation counselors are actually counselor-coordinators and are interested in power and prestige, they should identify with the coordinating function, abandon the counseling function which is little practiced, and be proud of their importance as coordinators. If NRA and NRCA and their leadership are smart, they will recognize the opportunity here to crystallize the movement toward separation of coordinating and counseling functions and accelerate its progress. The National Rehabilitation Counseling Association can become the National Rehabilitation Coordinators Association with hardly the loss of a member. In the long run, they will gain members faster than if they persist in regarding themselves as counselors and try to maintain membership standards requiring preparation in counseling. To do so means they will lose as potential members those who in the future will be prepared as coordinators, not counselors, who will outnumber those prepared as professional counselors. The demand for counselor-coordinators is now so great that it cannot be supplied by programs preparing professional counselors and the positions are being filled by those without any graduate preparation in counseling.

This solution is also a solution to the problem of preparing counselors in rehabilitation counselor education programs. Psychological counselors are specialists who provide a special service not necessarily needed by every

rehabilitation client. Competent coordinators can determine those clients who need psychological counseling and refer them to the psychological counselor. The psychological counselor will then not be burdened with coordinating functions, and, for example, will not have anything to do with clients who need only physical restoration services and placement. Obviously fewer such counselors will be needed, and in terms of their professional preparation they will be used more efficiently.

And with what organization will these counselors affiliate? With ARCA, of course. This, again, is not a new idea. Most rehabilitation counselors, and many rehabilitation counselor educators, do not know, or remember, the history of the founding of NRCA. Its birth at the NRA Convention in Minneapolis was accompanied by much emotion and pain to many. No questions about its desirability or arguments opposed to its formation were permitted. No one who was likely to speak against it was recognized or allowed to speak. The Assistant Executive Director made a (maudlin) emotional appeal.

The main argument which I attempted to raise then is still relevant. It is that every other profession represented in rehabilitation has its professional organization outside of and independent of NRA. Every other profession is an independent profession, with members practicing in many other fields besides rehabilitation. Every other professional identifies with a larger professional group. Professional rehabilitation counselors should identify with the broader profession of counseling and benefit from the study, experiences and writings of counselors functioning in other settings, rather than isolating themselves and viewing themselves as unique.

I realize the resistance this position will meet, and the unpopularity it will bring to me. It was years before the feelings against me for proposing it a dozen years ago wore off. But I am not worried about that. I have devoted much, though not all, of my time during the last 22 years to rehabilitation, but I have been becoming more involved in other areas of counseling, including elementary school counseling where I have also taken a minority or opposition position.

There is one other problem related to the power and prestige of the rehabilitation counselor which I want to open up, and leave you with a question about where we are going. This is the problem of obtaining and utilizing the services of people with relatively little training, or training at levels below that of professionals. A few years ago we talked about subprofessionals. For obvious reasons this term was abandoned, and we then talked about ancillary personnel and aides; now we are talking about support personnel. I have been concerned about this problem, and have written a little about it and participated in conferences and committees dealing with the problem. But I have been vaguely disturbed and dissatisfied with all the talk and writing. I have recently come to realize why this has been the case. It is because all the terms we have used--some more than others, but all of them--have a connotation of superiority-inferiority, subservience or subordination. This is the meaning of ancillary personnel.

The concept of counselor aide is particularly of this kind. Its origin is a military one. An aide is almost a lackey. It has created difficulty

because it is almost by definition not a position from which one can rise to a higher position, yet this is not admitted, and vague ideas or hopes of advancement are encouraged. The problem is not that it is a dead-end job. There is a lot of nonsense being promulgated, by some well known people (Riessman, for example) about everyone advancing from career to career, constantly engaged in education or training for advancement. I am reminded of the suggestion--was it made by Parkinson?--that in America we promote everyone until he reaches his level of incompetence, which is the explanation for the messes we are always in. The problem is that we have not made positions or jobs at <u>all</u> levels respectable, with a living wage and with increases in pay with experience. All jobs are dead-end jobs--where does one go from full professor, or from the practice of medicine, or any other profession--except possibly into administration or politics.

I have therefore come to the conclusion that we have been going off in the wrong direction in our discussions about support personnel. What we need to do is to think in terms of job analysis and classification. Various functions can then be defined and separated, and requirements in terms of skills and preparation determined. The result is professional specialization and technical specialties. Each position is independent, with preparation leading to the ability to perform the required functions without direction by someone in another profession or position. Supervision of beginners and inexperienced workers would be by experienced workers in the same job or position. The job titles do not then indicate subservience to another position. In rehabilitation, and in other helping fields, we then could have--as we do now in some cases--job titles such as intake interviewer, community worker, caseworker, psychometrist, placement specialist, training supervisor, case manager, etc, etc. In any of these positions, a beginner may work as an aide or assistant to an experienced worker for a time, or, where learning is by on-the-job training rather than by education or technical training, one may begin as a trainee.

How simple this seems, and is! Yet how difficult it will be to gain acceptance for it. But I am patient. There is now much greater acceptance of the idea that we should have coordinators and counselors than there was twelve years ago, and placement as a specialty has come with hardly anyone realizing it.

Politicians seek power, statesmen seek prestige. Professionals seek neither, but gain satisfaction from serving humanity. Other professionals in rehabilitation do not appear to be concerned about power and prestige. At one time it appeared that the physician wanted to run the show, or be captain of the team. But we hear little of this now. Perhaps this is why some rehabilitation counselors are fostering the power and prestige jag. They see the opportunity to replace the physician as the captain of the team and can't resist the temptation to do so. But to do so will be to lose professionalism.

Those of you who are rehabilitation counselor-coordinators are going to have to decide whether you are to become a coordinator or a psychological counselor--that is, those of you who are young enough and who have the preparation for psychological counseling. If you are interested in power and prestige and need to be in the public eye, or need the applause of the client and others, you should choose coordinating. Let me reiterate that I am not

downgrading this job. But it is different from counseling. Those of you who wish to work with individual clients and small groups of clients in the helping or counseling relationship on whatever problems they may have--such as personal values, goals, identity, vocational choices and decisions, or more broadly helping them become self actualizing persons--should choose counseling. We need both coordinators and counselors, and a person interested in rehabilitation should be able to choose either--or some other function or job--according to his interests, needs and abilities, without being confronted with a superiority-inferiority hierarchy.